

RECIPIENT NEWSLETTER

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Co-pay on Non-Emergent Use of the Emergency Room Increases

The 2003 Legislature directed the North Dakota Department of Human Services to increase the copay for all non-emergent use of an emergency room to \$6.00.

Effective July 1, 2004, if a Medicaid recipient seeks services in an emergency room for services that are not an emergency; he/she will be charged a \$6.00 co-pay.

Persons that do not have to pay co-pays include: persons under age 21, pregnant women, and individuals residing in institutions.

There will be NO co-pay for true emergency services sought in the Emergency Room.

Please see related article on the Appropriate Use of the Emergency Room and Ambulance Services.

Appropriate Use of the Emergency Room and Ambulance Services

When should I seek services from a hospital Emergency Room?

An <u>emergency medical condition</u> is defined as a condition which most non-medical people think could result in serious impairment or would place the person's health, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy.

If you need Emergency Care, go to the nearest doctor or hospital.

Some examples of what would **NOT** be considered an emergency are:

- Headaches including migraines, which occur on a regular basis
- Refills on Medications
- Constipation or Menstrual Cramps
- Missing a clinic appointment or inability to schedule a clinic appointment
- Chronic pain

When is it appropriate to use an ambulance?

Ambulance services are meant to provide transportation and care when a person has an emergency medical condition.

<u>Medicare Drug Discount Cards – How</u> <u>do they affect Medicaid benefits?</u>

- If you become eligible for Medicaid after receiving a Medicare Drug Discount Card with the \$600 credit, you must use the \$600 credit prior to seeking prescription drug benefits through Medicaid. You must report to the county eligibility worker and pharmacist that you have the card with the \$600 credit.
- The pharmacist will be able to track the \$600 benefit and notify Medicaid when the yearly benefit has been used.
- If you have Recipient Liability the \$600 benefit must be used first and then your Recipient Liability before Medicaid payments are authorized.

- The Medicare Discount Drug Card \$600 credit is treated like any other insurance benefit. When a recipient has the \$600 credit, pharmacy providers are aware that they must bill the discount card carrier first before billing Medicaid. You must report this coverage to the pharmacy.
- North Dakota Medicaid co-payments for prescription benefits apply to Medicare recipients.
- Recipients who become ineligible for Medicaid and meet the criteria the Medicare Discount Drug Card can apply for the card and \$600 credit at any time.

If you have questions about selecting a card, please contact your pharmacist or you may contact Medicare at 1-800-MEDICARE (633-4227).

Medicaid Program adds new Coverage for Disabled Individuals

The 2003 Legislature authorized a new coverage to the Medicaid Program, which will allow disabled individuals who are 'gainfully employed' more access to health care. Effective June 1, 2004, the North Dakota Medicaid Program implemented the new coverage. This new coverage allows individuals ages 18 through 64, who are disabled and 'gainfully employed' to purchase coverage under the North Dakota Medicaid Program., The cost will be a one time enrollment fee of \$100.00 and a monthly premium equal to 5% of their gross countable earned and unearned income.

If you are disabled, currently employed and in receipt of Medicaid, your County Eligibility Worker will be reviewing your case to determine if you are eligible for this new coverage. If you are disabled and <u>not</u> currently employed, should you become employed, contact your County Eligibility Worker regarding potential eligibility for this new coverage.

Primary Care Provider Program

The basic feature of the primary care provider program is to have a single medical professional to provide your primary care. When you are feeling ill or need to schedule an exam, call your doctor's office. Your doctor will provide health care services. He or she will also refer you, if needed, to

other doctors who specialize in specific health issues.

You should always try to see your primary care provider first for your health care needs. If your primary care provider is not available or you cannot wait until he or she is available, you may see a colleague or an assistant of your primary care provider. **But remember**, if you need a referral for specialty care, the referral must come from your primary care provider.

Office Visit Limits/Lab and X-ray Co-pays – Implementation on Hold

Implementation of the Office Visit Limits as well as the Co-pays on lab and x-ray services continues to be on hold. When an implementation date is selected, recipients will be notified.

Prior Approval for Out-of-State Medical Services

Out of State services at sites more than fifty miles from the North Dakota border must be authorized PRIOR to the service being received. Remember to ask your physician to send a referral letter to North Dakota Medicaid asking for authorization.

Please remember to allow 2 weeks for review of requests.

Even if you have primary insurance, such as Medicare or Blue Cross/Blue Shield, you must obtain an authorization from Medicaid to receive services out of state. If you fail to do so, it may result in Medicaid denying claims for out of state services that are submitted on your behalf.

Upon your physician sending a prior authorization request, along with appropriate documentation, the request will be reviewed and you, your doctor, the medical facility you were referred to, and the county will receive a letter of approval or denial.

Travel expenses cannot be paid without a prior approval for out-of-state services. Once approved, County Social Service Staff are responsible for assisting recipients with travel, lodging, and meal arrangements.